

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OME	Annen

3235-0076 OMB Number:

Expires: April 30, 2008 Estimated average burden

nours per response 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY		
efix		Serial	
			_
	DATE RECEIVED		

Name of Offering (check if this is an amendment and name has changed, and indicate Brickman Fund IV REIT, Inc.	change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 S	ection 4(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	<u>a </u>
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Brickman Fund IV REIT, Inc.	07082016
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, NY 10019	Telephone Number (212) 541-5500
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business - Investing in and acquiring, holding, managing, administering, con limitation or obligation, engaging in business as a REIT under the	trolling and disposing of property, including, without Internal Revenue Code of 1986
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify):
Actual or Estimated Date of Incorporation or Organization: Month 0 5	Year 0 7 ⋈ Actual PROCESSE
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	r State: M D NOV 0 6 2007
GENERAL INSTRUCTIONS	FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or ☐ Executive Officer Director □ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Brickman Fund IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, New York 10019 ☐ Executive Officer Director General and/or П Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Bruce S. Brickman & Associates, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, New York 10019 General and/or ☐ Beneficial Owner □ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Brickman, Bruce S. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, New York 10019 ■ Executive Officer □ Director General and/or ☐ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) O'Conner, Roderick Business or Residence Address (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, New York 10019 General and/or □ Director ☐ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Corton, Kathleen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Brickman, 712 Fifth Avenue, New York, New York 10019 ☐ Executive Officer General and/or □ Director ☐ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Executive Officer ☐ Director Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				<u> </u>		B. II	VFOR	MATI	ON A	BOUT	ГОБ	FER	ING			-	
2. What is the minimum investment that will be accepted from any individual?	1. H	las the is	suer sole	i, or doe	s the issu												
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Pull Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 1175 Peachtree Street, N.E., 100 Colony Square, Suite 2120, Atlanta, GA 30361 Name of Associated Broker or Dealer H&L Equilibrial States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check individual States). □ All States (Check "All States" or check indivi						Answ	er also ii	n Appen	dix, Co	lumn 2,	, if fil	ing un	der ULO	E.			
3. Does the offering permit joint ownership of a single unit?	2. V	Vhat is th	ıe minin	um inve	stment t	hat will b	e accept	ed from	any in	dividua	ւլ?					<u>\$100</u>	0.00
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer region or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Titys Peachtree Street, N.E., 100 Colony Square, Suite 2120, Atlanta, GA 30361 Name of Associated Broker or Dealer HikL Equities, LLC States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) LII Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) All States Name of Associated Broker or Dealer HikL Equities, LLC States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer HikL Equities, LLC States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States Name of Associated Broker or Dealer			-	-		-	-									\boxtimes	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer H&L Equities, LLC	a d fe	imilar re ssociated ealer. If or that be	munerat I person more the oker or	ion for s or agen an five (dealer or	olicitation t of a brown 5) personally.	n of puro oker or d	hasers in ealer reg	n conne gistered	ction w with th	vith sale ne SEC	es of and/	securi or wit	ities in th h a state	ne offeri or state	ng. If a person to s, list the name of	be listed the bro	l is an ker or
1175 Peachtree Street, N.E., 100 Colony Square, Suite 2120, Atlanta, GA 30361 Name of Associated Broker or Dealer H&L Equities, LLC	ruli N	ame (Las	st manne i	irst, ii iik	uividuai)												
Name of Associated Broker or Dealer H&L Equities, LLC										0261						•	
H&L Equities, LLC						square, Si	11te 2120	, Atlanta	i, GA 3	0361							_ _
All States Check "All States" or check individual States CO CT [DE DC FL				okci di D	Calci												
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] / [GA] / [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] / [MA] [MI] [MN] [MS] [MO] [MT] [NS] [NV] (NH] [NJ] [NM] [NY] [NC] / [ND] [OH] [OK] / [OR] [PA] / [RI] [SC] [SD] [TN] / [TX] / [UT] [VT] [VA] / [WA] [WV] [WI] [WY] [WY] [PR] / [PR]													_				States
III IIN						•										. [Ан -	States
RI						_					-	-			• •		
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						•			-		-	_	-				
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)				<u> </u>		√ (UT	j [VT] [VA	√	[WA]	[W	V J	[WI]	[WY]	[PR]		
Name of Associated Broker or Dealer	ruii N	anie (Las	i name i	1151, 11 1110	Jividuai)												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine	ess or Re	sidence A	Address (Number a	and Street	, City, St	ate, Zip	Code)								
All States Check "All States" or check individual States All Sta	Name	of Assoc	iated Bro	ker or D	ealer									•		•	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)																	States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check individual States) □ □ □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [MB] [MD] [MA] [MI] [MS] [MO] [MT] [NE] [NV] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]																	States
RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]									-		-	•		_			
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)																	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						ניון	[11]	ĮVAJ	[WA	.] [W	V]	[wi]	[W1	j (rk)	!		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1 411 11	anic (Las	i name i		aividuai)												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine	ss or Re	sidence A	Address (Number a	and Street	, City, St	ate, Zip	Code)								
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Name	of Assoc	iated Bro	ker or D	ealer					<u> </u>							
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States	in Which	Person	Listed H	as Solicit	ed or Inte	nds to Sc	licit Pur	chasers		- .						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	(Checl	k "All Sta	ites" or c	heck ind	ividual S	tates)										. [] All	States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]									- •								
									-			-					
	-																

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	ID US	E OF PROC	EED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amo "none" or "zero". If the transaction is an exchange offering, check this box \(\square\) and indicate securities offered for exchange and already exchanged.	unt alre	eady sold. Enterological Enter	ter "0" the ar	if answer is nounts of the
	Type of Security		Aggregate fering Price	Amo	ount Already Sold
	Debt	\$		\$	
	Equity	\$	125,000.00	\$	125,000.00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	_
	Partnership Interests				
	Other (Specify)-	\$		\$	
	Total	\$	125,000.00	\$	125,000,00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities amounts of their purchases. For offerings under Rule 504, indicate the number of person aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines.	s who "zero."	have purchase	d secu Do	rities and the Aggregate Ilar Amount f Purchases
	Accredited Investors		125		125,000.00
				*	125,000.00
	Non-accredited Investors			¢	
	Total (for filings under Rule 504 only)			₽	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities i listed in Part C-Question 1.	ll secui n this o	ities sold by t ffering. Classi	ne issu fy seci	er, to date, in arities by type
	Type of Offering		Type of Security	Do	llar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may be give amount of an expenditure is not known, furnish an estimate and check the box to the left of the	n as sul	oject to future of	s offer conting	ing. Exclude gencies. If the
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		🛛	\$	20,000.00
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	6,250,00
	Other Expenses (identify) Consulting fee and misc. expenses		⊠	\$	26,750,00
	Total		⊠	\$	
	b. Enter the difference between the aggregate offering price given in response to Part C-Que	stion 1	and total exper	ses fu	mished in

<u>\$ 72,000,00</u>

response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross protection the amount for any purpose is not known, furnish a listed must equal the adjusted gross proceeds to the	n estimate and check the box to the left o	f the estimate. The	ne purposes shown. If total of the payments
, , , ,		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees		□ \$	_ 🗆 \$
Purchase of real estate		S	
Purchase, rental or leasing and installation of	machinery and equipment	□ \$	_ 🗆 \$
Construction or leasing of plant buildings and		\$	_ 🗆 \$
Acquisition of other businesses (including the offering that may be used in exchange for the	assets or securities of another issuer		
pursuant to a merger)		□ \$	
Repayment of indebtedness		 \$	
Working capital		\$	_ 🛭 \$72,000.00
Other (specify):			
		S	_ 🗆 \$,
Column Totals			
Total Payments Listed (column totals added)			72,000.00
D.	FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the is request of its staff, the information furnished by the issuer than the signal of the staff of the signal of th	suer to furnish to the U.S. Securities and I	Exchange Commiss:	ion, upon written
Issuer (Print or Type)	Signature	Date:	
Brickman Fund IV REIT, Inc.	Vedon Styleanese	October 2 2007	,
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Victoria Stiglianese	Secretary		
•			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 2 rule?	230.262 presently subject to any of the disqualif	ication provisions of such	Yes □	No
	See Appen	dix, Column 5, for state response.			
2.	The undersigned issuer hereby und Form D (17 CFR 239.500) at such t	lertakes to furnish to any state administrator of a imes as required by state law.	any state in which this notice	is filed, a	notice on
3.	The undersigned issuer hereby und issuer to offerees.	dertakes to furnish to the state administrators, up	oon written request, informat	ion furnisl	hed by the
Tì	Limited Offering Exemption (ULO of this exemption has the burden of	that the issuer is familiar with the conditions the E) of the state in which this notice is filed and us establishing that these conditions have been satisfy the state of the contents to be true and has duly cause	nderstands that the issuer claified.	ming the a	availability
	suer (Print or Type)	Signature Victor Stegleanese	Date:)07	
N	ame (Print or Type)	Title (Print or Type)			
Vi	ictoria Stiglianese	Secretary			

 \mathcal{END}

Appendix pages 7,8 and 9 Not submitted to SEC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures